

OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS: Painful left equinus.

POSTOPERATIVE DIAGNOSIS: Same.

OPERATION: Left endoscopic gastroc resection.

SURGEON: David M. Gent, D.P.M.

ANESTHESIA: General with local.
Indrawan Husodo, M.D.

HEMOSTASIS: Thigh tourniquet.

ESTIMATED BLOOD LOSS: Minimal.

MATERIALS: None.

PATHOLOGY: None.

CONDITION: Stable.

DESCRIPTION OF PROCEDURE: The patient was brought into the operating room and placed on the operating table in the supine position. Following general anesthesia, local anesthetic was administered to the left foot proximal to the surgical site. The left foot was prepped and draped in normal sterile fashion.

Next, attention was directed to the left leg where the middle one-third of the lower leg was identified and this was just distal to the gastrocnemius body where the aponeurosis would be located. We then came 2-4 cm medial to the tibia and made a stab incision, extending approximately 2 cm in length. The incision was deepened through skin and subcutaneous tissue with care being exercised to Bovie and ligate any bleeders that were encountered. We carried down with sharp and blunt dissection to the peritenon. At this level, we made a stab incision and then we were able to pass in the spatula and pass it around from medial to lateral and tent the skin laterally in the pocket between the paratenon and the aponeurosis. We then placed in the cannula and the trocar, passed it through the same pocket that we had created with the spatula. We tented the skin laterally and made a stab incision, and we will able to pass the cannula and trocar out laterally in this position. We then removed the trocar and cleaned the cannula with multiple Q-tips. We then placed in the camera with a light source, and we were able to pass it down, and we were able to see the aponeurosis, and this glided with dorsiflexion and plantar flexion of her ankle. We then turned the cannula 180 degrees, and we were able to identify the

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